MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
10/021.133	10-29-01

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT											
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
(1)	1						51						
2		1					52						
3		1					53						
4		1					54						
5		1					55	1					
6		1					56						
7		1					57						
8		1					58						
9		1					59						
(10)	1						60						
11		1					61						
12		1					62						
13		1					63						
14		1					64						
15		1					65						
(16)	1						66						
17		1					67						
18							68						
19							69						
20							70						
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41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						